

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/555063

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		1					53						
4		1					54						
5	1	1					55						
6		1					56						
7		1					57						
8		1					58						
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11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17	1	1					67						
18	1	1					68						
19		1					69						
20		1					70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4												
TOTAL DEP.	16												
TOTAL CLAIMS	20												